

WATER DISTRICT - 34  
Big Lost River

WATERMASTER REQUIREMENT SHEET

DATE OF MEETING: \_\_\_\_\_ TIME OF MEETING: \_\_\_\_\_

PLACE OF MEETING: \_\_\_\_\_

IDWR EMPLOYEE IN ATTENDANCE @ ANNUAL MEETING: \_\_\_\_\_

ELECTED OFFICERS:

Chairman: \_\_\_\_\_  
(name) (address)

Phone #: \_\_\_\_\_

Sec/Treas: Cindy Smyer \_\_\_\_\_  
(name) (address) P.O. Box 53

Phone #: \_\_\_\_\_ MacKay, ID 83251

Watermaster: Robert W. Shaffer \_\_\_\_\_  
(name) (address) P.O. Box 53

Phone #: \_\_\_\_\_ MacKay, ID 83251

Board or Committee: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPOINTMENT REQUIREMENTS:

Copy of annual meeting minutes received: \_\_\_\_\_

Adopted Budget received: \_\_\_\_\_

Oath of Office received: \_\_\_\_\_

Petition for Watermaster Services received: \_\_\_\_\_

Certificate of Appointment sent: \_\_\_\_\_  
(\_\_\_\_\_ Daily record books & Instructions to Watermaster sent)

WATER DISTRICT INFORMATION:

Watermaster Report received: 2/24/10

Proposed Budget received: 2/24/10

Daily record books received: \_\_\_\_\_